

**VIRGINIA BOARD OF MEDICINE**  
**Workgroup on Midwifery and Medications**

Friday, February 4, 2011

Department of Health Professions

Richmond, VA

**CALL TO ORDER:** The meeting convened at 9:43 a.m.

**MEMBERS PRESENT:** Karen Ransone, MD, Chair  
Richard Bartle, MD  
Jessica Jordan, CNM  
Jane Piness, MD  
Brynne Potter, CPM

**MEMBERS ABSENT:** Deren Bader, CPM, DrPH  
Jane Maddux

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Ola Powers, Deputy Executive Director, Licensing  
Colanthia Morton Opher, Operations Manager  
Elaine Yeatts, DHP Policy Analyst

**OTHERS PRESENT:** Kim Mosny, CPM, CMA  
Jen Chendea  
Michelle Stille  
Kerri Park  
Maria Cranford, CMA  
Meredith Anderson, CMA  
Gina Bass  
Samantha Kiser  
Sara Krivanec  
Jason Ford  
Peggy Franklin  
Leah Paul, CMA  
Misty Ward, CMA  
Ashley Larsen  
Kimberly Smith, RN  
Kate McKinney  
Peggy Byler, CPM, CMA  
Kiera Wells  
Tara Thessen  
Pamela Pilch  
Collin Wood  
Becky Banks  
JoAnne Lind  
Adrienne Ownby

Glenda Turner  
Marinda Shindler  
Trinlie Wood  
Freeda Cathcart  
Becky Bowers-Lanier  
Nicole Linh-Tu  
Melanie Gerheart, ACOG  
Ann Hughes, MSV

## **EMERGENCY EGRESS INSTRUCTIONS**

Dr. Ransone gave verbal emergency egress instructions.

## **ROLL CALL**

A quorum was declared.

## **ADOPTION OF THE AGENDA**

Dr. Piness moved to adopt the agenda as presented.

Dr. Harp informed the Work Group that the Advisory Board on Midwifery respectfully requested that Leslie Payne be allowed to substitute as a voting member of the Work Group in Dr. Bader's absence.

After discussion, the Work Group voted 3-2 that Ms. Payne would be invited to participate if needed.

## **PUBLIC COMMENT**

Dr. Ransone acknowledged the public and opened the floor for public comment.

Ms. Mosny – spoke in favor of midwives being able to carry standard medications.

Jin Chendea – spoke in favor of midwives being able to carry standard medications.

Michelle Stillie - spoke in favor of midwives being able to carry standard medications.

Kerri Park - spoke in favor of midwives being able to carry certain medications.

Mary Anderson\_ - spoke in favor of midwives being able to carry certain medications.

Gina Bass - spoke in favor of midwives being able to carry certain medications.

Freda Cathcart – citizen member of the Advisory Board on Midwifery requested that the Work Group invite a consumer to be on the panel as a voting member. Ms. Cathcart

stated that, based on the minutes from the previous meeting, the question should not be whether or not midwives should be granted the privilege to possess and administer certain drugs, but how it can be accomplished.

Dr. Ransone asked for a show of hands of all in support of midwives having access to medication. She then asked if anyone wished to speak in opposition to midwives having access to medication.

Ann Hughes, speaking on behalf of the Medical Society of Virginia, reminded the Work Group that through the seven years of testimony that resulted in licensure, the response the midwifery profession had to the language that prohibited them from possessing medications was that they were perfectly safe to practice without medications.

Melanie Gerheart – spoke in opposition to the granting of this authority.

The floor was then closed for public comment.

### **Midwifery Practice in Virginia**

Ms. Potter gave a PowerPoint presentation that provided an outline on the relationship of midwifery and medication. It also covered the history and culture of midwives and medication, challenges with collaboration, and models for consultation. In addition, she distributed a book authored by Christa Craven entitled Pushing for Midwives, which chronicles the efforts for licensure of midwives in Virginia.

Ms. Potter provided the Work Group with the available data for 2010 home births including the available statistics on transfer of care in emergent situations.

Ms. Potter briefly highlighted other clinical controversies: VBACs, vaginal breeches, twin births, and elective induction. She stated that liability concerns impact the care of women with complicated clinical situations. Perceived pressure pushes some clinicians and systems of care to make decisions with the primary aim of avoiding liability rather than supporting a healthy childbirth and honoring women's informed choices.

Ms. Potter offered the following options for the Work Group's discussion and consideration:

- Option 1: Prescriber Relationship
- Option 2: Controlled Substance Registration
- Option 3: The Colorado Model – Limited Prescriptive Authority
- Option 4: Do Nothing – Status Quo

After the presentation, the following issues/concerns were discussed:

### **Transfer by private vehicles versus EMS**

The Work Group agreed that use of a private vehicle delays necessary care especially with distance being an issue, since care begins when EMS arrives. Ms. Potter responded by saying that it has not been encouraging to use EMS, and that the difficulties with this issue have been brought to the attention of the Board.

#### The American College of Obstetricians and Gynecologists Issues Opinion on Planned Home Births (ACOG)

Dr. Piness provided a copy of ACOG's statement, released January 20, 2011 in which it states "Although the College does not support planned home births given the published medical data, it emphasizes that women who decide to deliver at home should be offered standard components of prenatal care, including Group B Strep screening and treatment, genetic screening, and HIV screening. Dr. Piness pointed out that this part of the published opinion did not address the use of medications. She added that ACOG has a stronger definition of "low-risk" than the Board has come up with in the past.

Ms. Potter noted that the opinion supports the cultural divide, and she contests it.

#### Pharmacology Training

Dr. Piness stated that currently the professions granted prescribing authority in Virginia are required to complete 1 year face-to-face pharmacology training. Those professions include MDs, DOs, PAs, and NPs; the current CPM educational model does not meet this standard. In addition to the unease she expressed about the liability aspect of transfers, she was very concerned about granting access to medications that have multiple purposes and could cause an unintended outcome.

Members of the Work Group also expressed some concern about the storage of drugs and the disposal of unused drugs. The latter was a huge concern since there is a known illegal market for misoprostol.

The Work Group went on to discuss some issues addressed in Ms. Potter's presentation and concluded that the following issues are those that need to be addressed:

- Education required for prescriptive authority
- Continuing education relative to medications
- Care for the infant after birth
- Liability for all providers incurred with providing services
- Recordkeeping guidelines

Dr. Harp addressed the comments from both sides of the issue. He said there are three main issues inherent in the discussion: medication, supervision, and high risk conditions of pregnancy. An additional issue may be the impediment that liability represents. The supervision issue cannot be solved by this Work Group, and neither

can the issue of liability, since the governing law is Section 8.01 of the Code of Virginia. The two remaining issues are medications and high-risk conditions. Some may think even if midwives have medications, it will not change the outcome of the high-risk deliveries; some may think that midwives with medications may take on more high-risk patients than they do presently. The decision as to whether or not midwives should be granted the authority should be driven by data, and should take into consideration the risks to the public, not the risk to practitioners.

Dr. Harp advised that the Virginia Board of Medicine did not have a lot of data available on the use of medications by midwives, since midwives cannot use meds. What information the Board did find from other states indicated that midwives had not been disciplined because of a standard of care misuse of medications. There had been issues of the use of medication without invoking required physician supervision. He noted that in the few years that Virginia has been licensing midwives, the disciplinary hearings have not involved medications, but rather the decisions to attempt home birth with high-risk pregnancies. The Board understands the complex issues of a mother's right to choose but, the real question comes down to will medications make midwifery practice safer or not.

Ms. Yeatts walked through each of the options presented in Ms. Potter's presentation. She said that the entire regulatory context should be considered as the Work Group moves forward. She pointed out that it is rare to find a state that has zero requirements for collaboration, referral and treatment of high-risk patients. Virginia is the only one that has such a wide-open scope of practice, and it is difficult to look at it in isolation because there are states in which access to medications is integral to the other practice parameters, such as supervision and limits on high-risk home birthing. She advised that the options all seem doable but she is not sure that having a controlled substance registration is the way to go. She said that the Board of Pharmacy may be highly uncomfortable with issuing a registration without the licensee having a safe place for storage and inspection. She pointed out that the midwifery community always has the option to approach your legislators to introduce legislation for 2012 Session of the General Assembly.

In response, Ms. Potter stated that in trying to positively affect the cultural divide between the physicians and CPM's, the preferred course would be to work cooperatively with the Board of Medicine rather than to seek legislative change.

After further discussion, Dr. Piness moved that a meeting be convened prior to the June full Board meeting. Information that should be reviewed at that meeting includes education necessary for access/administration of medications, protocols for the use of medications, recordkeeping, and Board of Pharmacy issues (storage, inspection, wastage).

With no other business to conduct, the meeting adjourned at 12:38 p.m.

**--- DRAFT UNAPPROVED ---**

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Karen Ransone, MD, Chair

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William L. Harp, M.D.  
Executive Director

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Colanthia M. Opher  
Recording Secretary